



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <u>137402</u>		3. This Statement covers From: <u>5-26-09</u> to <u>12-31-09</u>	
2. Committee Name <u>CTE Henry Chiodini</u>		4. Candidate Last Name <u>Chiodini</u> First Name <u>Henry</u> M.I. <u>C</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>School Board</u> 4b. County of Residence <u>Macomb</u>	
5. Committee's Mailing Address <u>46841 Edgewater</u> <u>Macomb Mi 48044</u> Area Code and Phone <u>586-286-5808</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <u>Henry Chiodini</u> <u>46841 Edgewater</u> <u>Macomb Mi 48044</u> Area Code & Phone <u>586-286-5808</u>	
7. Treasurer's Business Address  Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone _____	

FILED  
 10 APR -7 AM 8:03  
 CAMILLA SABAUGH  
 MACOMB COUNTY CLERK  
 MT. CLEMENS, MICHIGAN

9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Primary  <input type="checkbox"/> Convention  <input type="checkbox"/> Special         </div> <div> <input type="checkbox"/> General  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Caucus         </div> </div> Date of Election, Convention or Caucus _____		9c. <input checked="" type="checkbox"/> Annual Statement ( <u>2009</u> coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____  By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper <u>Henry Chiodini</u> Type or Print Name _____ Signature <u>[Signature]</u> Date <u>2-4-10</u>	
Candidate <u>Henry Chiodini</u> Type or Print Name _____ Signature <u>[Signature]</u> Date <u>2-4-10</u>	



MICHIGAN DEPARTMENT OF STATE  
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**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137402

2. Committee Name

CTE Henry Chiadini

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$		(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$		(20.) \$
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$		
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	0	0
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	0	0
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	0	0
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	0	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	0	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	113.56	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	0	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	113.56	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	0	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	113.56	